

DFS WESTERN TOXICOLOGY SUMMARY WORKSHEET

SUBJ NAME: _____ AGENCY ID#: _____ DFS#: W04-_____

Date	Relinquished by	Received by	Purpose of Transfer
	Secured Storage (TXADM)		Process Evidence. Seals: ZLS/T S/H
		Short Term Secured Storage	Secure Evidence

Specimens:	Good	Putrefied (mod/severe)	Embalmed	Dessicated
blood (iliac)	_____	_____	_____	_____
blood (subclavian)	_____	_____	_____	_____
blood (heart)	_____	_____	_____	_____

Volatiles:		Bld TX-	Vitreous	Urine	Bile	Other ()
Initials:	Ethanol					
Date:	Acetone					
	Isopropanol					
	Methanol					

<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> Carbon Monoxide:	<u>Bld TX-</u> Initials: _____ Date: _____	% <u>UV/VIS</u> Initials: _____ Date: _____	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> Heavy Metals:	_____ pos / neg (Sb, As, Bi, Hg) Initials: _____ Date: _____
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Immunoassay/RPT Screens Performed:			
		Bld TX-	Urine
Initials: _____	opiates		
Date: _____	cocaine/be		
	benzodiazepines		
	barbiturates		
	amphetamines		

	Bld TX-	Urine	
acetamin			:Initials
salicylate			:Date
trinder's	pos / neg	pos / neg	:Initials
cresol	pos / neg	pos / neg	:Date

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Basic Drug Screen: </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 15%;"><input type="checkbox"/> Bld TX-</div> <div style="width: 15%;"><input type="checkbox"/> Urine</div> <div style="width: 15%;"><input type="checkbox"/> Liver</div> <div style="width: 15%;"><input type="checkbox"/></div> </div> <div style="margin-bottom: 5px;"> Initials: <input style="width: 100%;" type="text"/> </div> <div> Date: <input style="width: 100%;" type="text"/> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 10px; text-align: center;"> <i>No alkali-extractable drugs detected</i> </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Acid/Neutral Drug Screen: </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 15%;"><input type="checkbox"/> Bld TX-</div> </div> <div> Drugs Identified: <input style="width: 100%;" type="text"/> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 10px; text-align: center;"> <i>No acidic or neutral drugs detected</i> </div>
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	<u>Initials/Date/Test:</u>	Tests/ Results	<u>Tissue</u>	<u>Conc (mg/L mg/kg)</u>	<u>Notes</u>
	<i>No other alkali-extractable drugs detected</i>			<i>No other acidic or neutral drugs detected</i>	

Notes:

Case Examined by: _____ **Date:** _____ *W4 Tox Summary COC.xls*